

Please use this form to calculate your adjusted family income.

502 PRE-QUALIFICATION INFORMATION								
Applicant #1				SS#				Age
Applicant #2				SS#			ı	Age
Mailing				Town:		1	State	Zip
Address							ork none:	
Do You Have a Section 8 Voucher?	Y / N In What County Do You Want to Live:							
GROSS MONTHLY EMPLOYMENT INCOME FOR ALL APPLICANTS: \$								
(If seasonal or self-employed, please call your Rural Development Specialist):  OTHER MONTHLY INCOME:  Food Stamps & SS (SSI DENSION & OTHER								
Food Stamps \$ SS/SSI PENSION \$ OTHER								
Foster Care \$ STATE PUBLIC ASSISTANCE \$ CHILD SUPPORT/ALIMONY \$ OTHER HOUSEHOLD MEMBERS:								
	IVILIVIBL	.NJ.						
Other Adults				Ag	е	Income	\$	
Other Adults				Ag	е	Income	\$	
Children				Ag	е	Income	\$	
Children				Ag	е	Income	\$	
Children				Ag	е	Income	\$	
Foster Child / Adult				Ag	е	Income	\$	
ASSETS:								
Checking Account  Balance: \$ Savings Account Balance: \$								
DEBTS:	Ψ	Mont			\$			
Rent/Non-RHS Hous	ent \$	\$	Real E	Real Estate Insurance				
Car/Truck Debt		\$	\$	Real E	Real Estate Tax \$			
Car/Truck Debt		\$	\$	Child (	Child Care Costs \$			
Other Vehicles/Equi	\$	\$	Child S	Child Support Paid Out \$				
Other Debts	\$	\$	Un-rei	Un-reimbursed Medical \$				
Other Dehts		<u> </u>	<u> </u>	Other	Other PHS Leans/Grants \$			

<sup>\*</sup> This does not constitute an application for financing. It is for your informational purposes only.